UTILITY PATENT APPLICATION TRANSMITTAL Only for new nonprovisional applications under 37 CFR 1.53(b))

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		PTO	
Attorney Docket No.	1968.P7	29.	
First Named Inventor or Application Identifier		U.7	
Jeffrey S. Myers		45	
Express Mail Label No.		jc9	

	Express Mail Label No.					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231					
1. X Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)					
2. Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)					
3. X Specification Total Pages 27	a. Computer Readable Form (CRF)					
4. X Drawing(s) (35 USC 113) Total Sheets 8	b. Specification Sequence Listing on: i CD-ROM or CD-R (2 copies); or					
5. Oath or Declaration Total Pages	ii. paper					
a. Newly executed (original or copy)	c. Statements verifying identity of above copies					
	ACCOMPANYING APPLICATION PARTS					
b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)	Assignment Papers (cover sheet & document(s))					
i. <u>DELETION OF INVENTOR(S)</u> Signed Statement attached deleting inventor(10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney					
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	11. English Translation Document (if applicable)					
6. X Application Data Sheet. See 37 CFR 1.76	12. X Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations					
=	13. Preliminary Amendment					
	14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)					
<u> </u>	16. Other:					
17. If a CONTINUING APPLICATION, check appropriate box and supp	oly the requisite information:					
Continuation Divisional Continuation Prior application information: Examiner	n-in-part (CIP) of prior application No/ Group/Art Unit:					
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be						
Tolled upon when a portion has been madvertently omitted from the submitted ap	pplication parts.					
	ONDENCE ADDRESS					
X Customer Number or Bar Code Label (finser) Customer No. or Attach bar code label fiere) or Correspondence address below						
NAME						
Address						
City State	Zip Code					
Country Telephone	Fax					

CLAII	MS (1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CAL	CULATIONS	
	TOTAL CLAIMS (37 CFR 1.16(c))	56 - 20 =	36	X \$ 18.00 =	\$	648.00	
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	5 - 3 =	2	X \$ 80.00 =	\$	160.0	
- 1	MULTIPLE DEPENDEN	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$270.00 =			\$	0.00	
				BASIC FEE (37 CFR 1.16(a	\$	710.00	
June 1			Total of	above Calculations	= \$	1,518.0	
	Reduction by	50% for filing by small en	tity (Note 37 CFR 1.9, 1	.27, 1.28).			
				TOTAL :	= \$	1,518.0	
9.	Small entity status a. A small e						
9.							
	<u> </u>	ntity statement was filed ir ed.	the prior nonprovisiona	al application and su	ch status i	s still proper	
	c Is no long	er claimed.					
		A check in the amount of \$ 1,518.00 to cover the filing fee is enclosed.					
).	X A check in the amo	ount of \$ <u>1,518.00</u> to cove	er the filing fee is enclose	ed.			
		ount of \$ <u>1,518.00</u> to cove					
1.	A check in the amo	ount of \$ to co	over the recordal fee is e	enclosed.	posit Acc	ount	
1. 2.	A check in the amount of the Commissioner is hereb No. 06-1205:	ount of \$ to co	over the recordal fee is e	enclosed.	posit Acc	ount	
	A check in the amount of the Commissioner is hereb No. 06-1205: a. X Fees requ	ount of \$ to co	over the recordal fee is e	enclosed.	posit Acco	ount	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Denis A. Duchene, Reg. No. 40,595			
SIGNATURE	D-Daha			
DATE	Jamy 26, 2001			

Form #125 CA_MAIN 16311 v 1